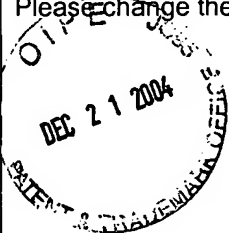
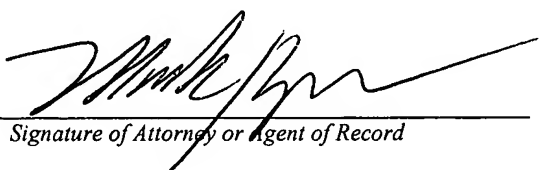
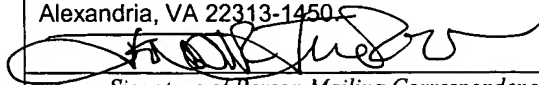
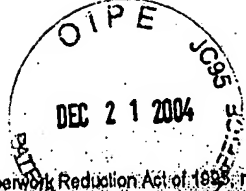


1FW

Change Of Correspondence Address			Docket No. <b>IVT.0033US</b>
In Re Patent Of: <b>DOMINIK J. SCHMIDT</b>			
Serial No. <b>10/690,266</b>	Filing Date: <b>May 20, 2004</b>	Examiner <b>Unknown</b>	Group Art Unit: <b>2811</b>
Invention: <b>A PLURALITY OF HOST PROCESSOR FAMILY TYPES</b>			
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<b>Mark J. Rozman, Reg. No. 42,117</b> <b>512/418-9944 [Office]</b> <b>713/468-8883 [Fax]</b>			
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<div><b>Mark J. Rozman, Reg. No. 42,117</b> <b>Trop, Pruner &amp; Hu, P.C.</b> <b>8554 Katy Freeway, Ste. 100</b> <b>Houston, TX 77024</b> <b>512/418-9944</b> <b>713/468-8883 [Fax]</b></div> <i>Registration Number &amp; Address Of Attorney or Agent of Record</i>		<div>I certify that this document is being deposited on 12/15/2004 with the US Postal Service as First Class mail under 37 CFR 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  <i>Signature of Person Mailing Correspondence</i> <b>Jennifer Juarez</b> <i>Typed or Printed Name of Person Mailing Correspondence</i></div>	



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PTO/SB/80 (11-04)  
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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).

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21906

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as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and all patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).

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Assignee Name and Address:  
Gallitzin Allegheny LLC  
171 Main Street #271  
Los Altos, CA 94022

A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.

## SIGNATURE of Assignee of Record

The individual whose signature and title is supplied below is authorized to act on behalf of the assignee

Signature		Date	NOV 15, 2004
Name	Julia Cerrato	Telephone	
Title	Authorized Person		

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